

## Blood-Stream Infection (CDC)

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**From:** Carosella, Lynn [LCarosella@SHC.org]  
**Sent:** Wednesday, December 02, 2009 12:40 PM  
**To:** Blood-Stream Infection (CDC)  
**Subject:** Intravascular Guidelines

**TO: CDC Reviewers – Draft Guidelines for the Prevention of Intravascular Catheter-Related Infections**

**FROM: Lynn M. Carosella, Infection Prevention & Control (lcarosella@shc.org)**

**RE: Draft Guidelines for the Prevention of Intravascular Catheter-Related Infections**

**To Whom It May Concern:**

In reviewing the Draft document there are several areas of confusing verbiage and unclear intent.

- 1) In referring to the chlorhexidine sponge impregnated dressings there is more than one term used: “chlorhexidine impregnated dressing,” and “chlorhexidine impregnated sponge.” As there is a product that is a circular chlorhexidine impregnated sponge, which goes around the catheter and the insertion site and other products consisting of a semi-permeable dressing with an incorporated chlorhexidine impregnated patch that lies on top of the catheter, what actually is being referred to is confusing. It would be of benefit to clarify this intent by using a consistent term e.g. chlorhexidine impregnated sponge.
- 2) Administration set change recommendations fails to take into consideration intermittent versus continuous infusions. This is a distinction made by the Infusion Nurses Society(INS) Policy and Procedures. An administration set that is intermittent i.e. disconnected from the patient, has the risk of becoming contaminated. Although a cover cap is supposed to be placed on the end of the tubing, these often come loose and fall off or there is accidental contamination of the tubing end in the disconnection/connection process. Although the draft guidelines do address the luer cap devices, which may be difficult to keep from becoming contaminated, it is equally difficult to prevent the luer end of the disconnected tubing, which would be going back into said luer needleless cap device, from becoming contaminated as well.
- 3) Blood tubing changes also needs clarification. A unit of blood does not infuse for more than four hours. “Changing [tubing] within 24 hours of initiating infusion” is a contradictory recommendation to the infusion time of the blood. Even if continuous blood transfusions are given, it is an INS recommendation and CDC category II recommendation to change the administration set after four hours. The draft document does point out in the background section, that fluids such as blood can promote microbial growth and can have an indication for

**more frequent administration set changes. The “within 24 hours” is a wavering type recommendation. Please consider removing the “within 24 hours.”**

**Thank you.**

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